SHERIDAN MEDICAL COMPLEX

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8400 SHERIDAN ROAD

KENOSHA 53143 Phone: (262) 658-4141 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 100 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 104 Yes Number of Residents on 12/31/02: 90 Average Daily Census: 93

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %							
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups 	%		40.0 48.9		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.4	More Than 4 Years	11.1		
Day Services	No	Mental Illness (Org./Psy)	18.9	65 - 74	13.3				
Respite Care	Yes	Mental Illness (Other)	4.4	75 - 84	31.1		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	1.1	85 - 94	36.7	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	8.9	95 & Over 4.4		Full-Time Equivalent			
Congregate Meals	No	Cancer	13.3			Nursing Staff per 100 Re	esidents		
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	15.6	65 & Over	85.6				
Transportation	No	Cerebrovascular	1.1			RNs	16.9		
Referral Service	No	Diabetes	5.6	Sex	%	LPNs	4.2		
Other Services	Yes	Respiratory	12.2			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	8.9	Male	38.9	Aides, & Orderlies	39.9		
Mentally Ill	No			Female	61.1				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care		1	Managed Care			
Level of Care	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	6	11.8	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	6.7
Skilled Care	22	100.0	275	45	88.2	87	2	100.0	143	12	100.0	182	0	0.0	0	3	100.0	183	84	93.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		51	100.0		2	100.0		12	100.0		0	0.0		3	100.0		90	100.0

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		Percent Distribution	n of Residents'	Condit	ions, Services, an	ıd Activities as of 12	/31/02
Deaths During Reporting Period			 Total				
Percent Admissions from:		   Activities of	96		% Needing sistance of	% Totally	Number of
Private Home/No Home Health	4.3		· ·		Or Two Staff	Dependent	Residents
			-			±	
Private Home/With Home Health			8.9		55.6	35.6	90
Other Nursing Homes	0.0					34.4	90
Acute Care Hospitals	93.5	Transferring	10.0		53.3	36.7	90
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.0		37.8	52.2	90
Rehabilitation Hospitals	0.0		46.7			33.3	90
Other Locations	0.0	**********	*****	*****	*****	*****	*****
Total Number of Admissions	138	Continence		%	Special Treatmen	its	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.9	Receiving Resp	iratory Care	7.8
Private Home/No Home Health	6.7	Occ/Freq. Incontine	nt of Bladder	35.6	Receiving Trac	heostomy Care	3.3
Private Home/With Home Health	19.4	Occ/Freq. Incontine	nt of Bowel	31.1	Receiving Suct	ioning	4.4
Other Nursing Homes	8.2	- I			Receiving Osto	omy Care	2.2
Acute Care Hospitals	53.7	Mobility			Receiving Tube	: Feeding	8.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	10.0	Receiving Mech	anically Altered Diet	s 33.3
Rehabilitation Hospitals	0.0	. <u> </u>				-	
Other Locations	3.0	Skin Care			Other Resident C	Characteristics	
Deaths	9.0	With Pressure Sores		1.1	Have Advance D	irectives	12.2
Total Number of Discharges	- • •	With Rashes		13.3			•-
(Including Deaths)	134	I			Receiving Psyc	choactive Drugs	40.0

	This		ership: prietary		Size: -199	_	ensure: lled	All Facilities	
	Facility	Peer	Group	Peer	Group	Peer	Group		
	ଚ	%	Ratio	%	Ratio	엉	Ratio	ଚ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.4	84.7	1.06	85.7	1.04	85.3	1.05	85.1	1.05
Current Residents from In-County	88.9	81.6	1.09	81.9	1.09	81.5	1.09	76.6	1.16
Admissions from In-County, Still Residing	24.6	17.8	1.39	20.1	1.23	20.4	1.21	20.3	1.21
Admissions/Average Daily Census	148.4	184.4	0.80	162.5	0.91	146.1	1.02	133.4	1.11
Discharges/Average Daily Census	144.1	183.9	0.78	161.6	0.89	147.5	0.98	135.3	1.06
Discharges To Private Residence/Average Daily Census	37.6	84.7	0.44	70.3	0.54	63.3	0.59	56.6	0.67
Residents Receiving Skilled Care	100	93.2	1.07	93.4	1.07	92.4	1.08	86.3	1.16
Residents Aged 65 and Older	85.6	92.7	0.92	91.9	0.93	92.0	0.93	87.7	0.98
Title 19 (Medicaid) Funded Residents	56.7	62.8	0.90	63.8	0.89	63.6	0.89	67.5	0.84
Private Pay Funded Residents	13.3	21.6	0.62	22.1	0.60	24.0	0.56	21.0	0.63
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	23.3	29.3	0.80	37.0	0.63	36.2	0.64	33.3	0.70
General Medical Service Residents	8.9	24.7	0.36	21.0	0.42	22.5	0.39	20.5	0.43
Impaired ADL (Mean)	60.9	48.5	1.26	49.2	1.24	49.3	1.24	49.3	1.24
Psychological Problems	40.0	52.3	0.77	53.2	0.75	54.7	0.73	54.0	0.74
Nursing Care Required (Mean)	9.3	6.8	1.37	6.9	1.34	6.7	1.38	7.2	1.29